

## The State of Older Adults' Living Conditions in Mexico

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### ABSTRACT

**Background:** The quality of life for older adults is essential for improving the quality of care and allocating social and healthcare services. It encompasses the person's physical health, physiological state, level of independence, social relationships and connection with their environment. For older adults, satisfaction with each of these aspects reflects on their perceived quality of life, impacting on their daily lives, interactions with others, self-esteem and well-being. Objective is to assess the perceived quality of life among older adults in three states of Mexico.

**Methodology:** A cross-sectional quantitative study involving 235 older adults. The WHOQOL-BREF (World Health Organization Quality of Life Brief Version) questionnaire was administered and results were evaluated based on established parameters. ANOVA (Analysis of Variance) and Pearson correlation tests were applied.

**Results:** Statistically significant differences ( $p > 0.05$ ) were observed across the states. There is a correlation between low monthly income and a low perceived quality of life in the dimensions of physical health, mental health and social relationships.

**Conclusions:** The perceived quality of life in older adults is related to their economic level, particularly in the dimensions of physical, mental and social health.

**Keywords:** Quality of life; Older adult; Perception; Physical health; Social and health services

## INTRODUCTION

The World Health Organization (WHO) defines quality of life as a person's perception of their position in life within the cultural context and value system in which they live, considering their goals, expectations, standards and concerns. It includes the person's physical health, physiological state, level of independence, social relationships and connection with their environment [1]. For older adults, the satisfaction of each of these aspects is reflected in their perceived quality of life, affecting their daily lives, interactions with others, self-esteem and well-being.

Demographic shifts have resulted in an increase in the global older adult population. According to the 2022 World population prospects, the population over 65 is growing more

rapidly than the population under this age, making it necessary to identify their needs from a health perspective to provide adequate and timely care. Considering the quality of life of older adults is increasingly important in evaluating and improving care quality and allocating social and health services [2].

Studies indicate that the quality of life perceived by older adults is generally low, impacted mainly by poverty, sensory ability and social participation. In Cuba, Corugedo et al., found that 82% of older adults perceive a low quality of life and socioeconomic status [3]. Similarly, Rivera et al., concluded that only 40.1% of patients admitted to a geriatric hospital in Cuba have a good quality of life [4]. Gutierrez et al., found in Luanda, Angola, that life satisfaction and perceived health among the very elderly and institutionalized people are low and that life satisfaction declines with age. No gender differences were observed [5].

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In Mexico, Villarreal et al., used the World Health Organization Quality of Life for Older Adults (WHOQOL-OLD) assessment, which evaluates quality of life through six dimensions: Sensory abilities, autonomy, past, present and future activities, participation/isolation, intimacy, death and dying, finding significant differences in the quality of life perception of older adults residing in the country's capital compared to those in another state [6]. In the former, sensory ability is rated higher, while in the latter, social participation perception is stronger.

Pena Marcial's study in Guerrero, Mexico, found that 80% of older adults perceive a low quality of life, with physical, emotional and social issues contributing to a negative outlook on their health and life. In a study with older adults from Mexico and Ecuador, Pacheco et al., found associations between sensory abilities and sports practice, as well as between social participation and educational level [7].

## MATERIALS AND METHODS

This quantitative, cross-sectional, observational study was conducted from February to May 2023 with 235 older adults from three states in Mexico: A rural population in Pilcaya, Guerrero (32%) and two urban populations in Cuernavaca, Morelos (34%) and Irapuato, Guanajuato (34%). Participants met the selection criteria (aged over 60 years, able to speak and hear, and agreed to participate in the study). They were selected through non-probabilistic convenience sampling. The WHOQOL-FREF questionnaire (World Health Organization Quality of Life), validated for older adults in Mexico, was used [8]. It consists of 26 items that assess four dimensions: Physical health, psychological health, social relationships, and environment, on a Likert scale with values from 1 to 5, where 1=Not at all, 2=A little, 3=Normal, 4=Quite good, 5=Extremely. Trained interviewers administered the questionnaire in health center waiting rooms, and informed consent was recorded. The collected data was entered into an Excel database and analyzed using SPSS V-22 statistical software. Pearson's correlation coefficient tests with a 95% Confidence Interval (CI) were applied.

## RESULTS

Of the total participants, 66.4% were female. A majority of participants do not live with a partner (64.4%), 54.1% have basic education (can read and write), 28.6% are retired and 24% rely on government social programs. Over 30% of participants cannot meet their basic needs (Table 1).

Feature	Number	Percentage
<b>Sex</b>		
Women	156	66.4
Men	79	33.6
<b>Marital status</b>		
Married	84	35.6

Bachelor	151	64.4
<b>Level of education</b>		
No studies	26	15.1
Basic education	126	54.1
Technical or professional	73	30.8
<b>Maintenance</b>		
Social programs	56	24
Husband	35	14.9
Children	44	18.8
Retiree	67	28.6
Own income	33	13.7
<b>Economic capacity</b>		
Extreme poverty	14	5.96
Not enough for basic needs	67	28.51
Reach only basic needs	33	14.04
Enough to cover basic needs	121	51.49

**Table 1:** Sociodemographic characteristics (Mexico, 2023).

The most frequently reported chronic conditions are hypertension and diabetes mellitus, with more than one condition often coexisting. A total of 78.1% of participants perceive themselves as ill, even if they have not reported a chronic illness diagnosis (Table 2).

Morbidity	Number	Percentage
High blood pressure	67	28.8
Diabetes mellitus	62	26
Mental or neurological illness	4	1.8
Cancer	4	1.8
Patient perceives himself as sick	184	78.1

**Table 2:** Self-reported morbidity in older adults from three states in Mexico (Mexico, 2023).

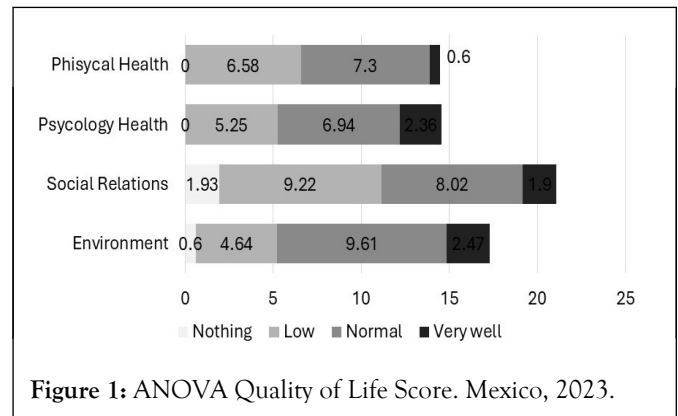
Regarding perceived quality of life, it is generally low. By evaluating each dimension, it is observed that in Pilcaya, no

dimension was rated as excellent; social relationships and environment dimensions have a high percentage in the low level. In general, Pilcaya's dimensions were mostly rated as low, while in the cities of Cuernavaca and Irapuato, the dimensions were perceived as excellent (Table 3).

	Psychological health		Physical health		Social relationships		Environment	
	n	%	n	%	n	%	n	%
<b>Pilcaya, Guerrero</b>								
Casualty	4	5.5	18	24	35	46.7	23	30.7
Regular	48	64	25	33	26	35	51	68
Good	23	30.5	33	43	14	18.3	1	1.3
<b>Cuernavaca, Morelos</b>								
Casualty	7	8.75	14	17.5	18	22.5	4	5
Regular	23	28.75	11	20	17	21.3	18	22.5
Good	36	45	45	56.25	34	42.5	39	48.75
Excellent	14	17.5	5	6.25	11	13.8	19	23.75
<b>Irapuato, Guanajuato</b>								
Casualty	5	6.3	4	5	6	7.5	9	11.25
Regular	23	25.7	33	41.25	47	58.8	21	26.25
Good	41	51.2	37	46.25	27	33.8	40	50
Excellent	11	13.8	6	7.5			10	12.5

**Table 3:** Perception of quality-of-life according to the four dimensions per state (Mexico, 2023).

Quality of life perception among older adults varies by state, with the social relationships dimension perceived as the lowest in all states. This dimension relates to family life, years lived, work activity and dependency level. The analysis by dimensions shows that physical health is mainly perceived between low (6.58) and normal (7.3), with a particularly low score (6.58) in the "healthy" category. The psychological health dimension scores mainly as normal (6.94). The social relationships dimension scored in the "none" category (1.93), suggesting that older adults feel little to no social integration, with a low-level score of 9.22. The environmental dimension indicates it is unfavorable, with a score of 0.6 in "none" and 4.64 in "low" (Figure 1).



Results show a significant correlation between monthly income and quality of life perception across all four dimensions. There is a significant correlation between perceived physical health level and social relationships, as well as between social relationships, mental health and the environment (Table 4).

Dimension State	Monthly income	Physical health	Mental health	Social relationships	Environment
Physical health	Warrior	.308**			
	Morelos	.227*			
	Guanajuato	.329**			
Mental health	Warrior	.370**	.507**		
	Morelos	0.072	.416**		
	Guanajuato	.253*	.643**		
Social relationships	Warrior	.514**	.361**	.287*	
	Morelos	.303**	.494**	.678**	
	Guanajuato	0.049		.565**	
Environment	Warrior	.229*	.237**	0.086	.448**
	Morelos	.299**	.410**	.701**	.712**
	Guanajuato	.227*	0.113	.380**	.626**

**Table 4:** Correlation of monthly income and levels of perception of quality of life (Mexico, 2023). **Note:** \*\* The correlation is significant at the 0.01 level (2 tails). \* The correlation is significant at the 0.05 level (2 tails).

## DISCUSSION

The results of this study are consistent with those found in other research. The perceived quality of life among older adults is generally low, especially in underprivileged groups, as limited

economic resources restrict access to specialized medical care, medications and physical exercise. Similar to Rodriguez et al., this study determined that economic level correlates with quality of life perception [3].

While economic level plays a key role in quality of life perception, other factors also affect it, such as feeling valued by family and society. In this population, affective states deteriorate due to dissatisfaction with their vulnerability, physical limitations and the presence of one or more chronic illnesses that generate pain, discomfort and uncertainty about the immediate future, leading to feelings of unhappiness. Family relationships may become strained, as older adults feel isolated, receive little affection, respect, and are ignored in family dynamics. Like Gutierrez et al., this study found no gender differences in quality of life perception [5].

Consistent with Villarreal et al., it was found that quality of life perception is better in more developed cities, highlighting the need to create inclusive programs suited to older adult's capabilities and to encourage social participation in appealing groups and activities [6].

## CONCLUSION

The education level of older adults is mostly basic, reflecting the limited opportunities for advanced education in the past. This impacts their income level, social circle and ability to maintain stable social relationships. The perception of quality of life in older adults across all four dimensions is largely determined by economic capacity, particularly in the social relationships dimension and to a lesser degree in the environment, especially among populations with lower development indices.

Limited financial resources affect older adult's ability to manage chronic conditions, including access to specialized medical care, medication and physical exercise. Age is a determining factor in having a companion who provides support and promotes participation in social groups. Many older adults experience

being excluded from decision making in family matters or social events, leading to perceived social isolation. It is essential for countries to implement the measures of the Vienna international plan of action on aging, which calls for specific actions on health and nutrition, consumer protection for the elderly, housing and environment, family, social welfare, income security, employment, education, research data compilation and analysis to improve well-being for this population.

## CONFLICT OF INTEREST

Authors declare there is no conflict of interest.

## REFERENCES

1. WHO. Decade of Healthy Aging. 2020.
2. Leeuwen KM, Loon MSV, Nes FAV, Bosmans JE, Vet HCWD, Ket JCF, et al. What does quality of life mean to older adults? A thematic synthesis. *PLoS One*. 2019;14(3):e0213263.
3. Rodriguez MCC, Gonzalez GD, Arias VIG, Lechuga GAC, García GG, Hernández MC. Quality of life of the old people living in the home for the elderly located in Cruces municipality. *Rev Cubana Med Gen Integr*. 2014;30(2).
4. Rivera LD, Lorenzodiaz JC, Diazalfonso H, Ramos AL, Rosete LCC, Friol ZDC. Quality of life in the elderly admitted to the Geriatric Service. *Rev Ciencias Medicas*. 2022;26(6).
5. Gutierrez M, Tomas JM, Sancho P, Galiana L, Francisco EH. Perception of quality of life in an elderly Angolan sample. *Revista de Psicologia Social*. 2014;29(2):346-370.
6. Villarreal M, Jimenez JM, Martinez PYO, Lopez JAH. Perception of the quality of life of Mexican older adults. *Retos* 2021;41:480-484.
7. Pacheco OP, Perez RC, Montecel DC, Zazueta NPC. Quality of Life in Older Adults: Evidence from Mexico and Ecuador. *Geriatrics (Basel)*. 2021;6(3):92.
8. Carrasco RL, Laidlaw K, Power MJ. Suitability of the WHOQOL-BREF and WHOQOL-OLD for Spanish older adults. *Aging Ment Health*. 2011;15(5):595-604.